

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:56

DOCUMENT # **743044** (0)

1. Corporation Name

THE BOULEVARD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7701 STARKEY RD.N.  
SEMINOLE FL 34647

7701 STARKEY RD.N.  
SEMINOLE FL 34647

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/12/1978** 3a. Date of Last Report **02/17/1994**

4. FEI Number **59-2036500** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIBERTE MANAGEMENT GROUP OPI INC  
10645 1ST EAST  
TREASURE ISLAND FL 33706

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	KRAMER, FRANK
STREET ADDRESS	7701 STARKEY RD #512
CITY-ST-ZIP	SEMINOLE FL
TITLE	SD
NAME	RAIMANN, CAROL
STREET ADDRESS	7701 STARKEY RD N #510
CITY-ST-ZIP	SEMINOLE FL
TITLE	AS
NAME	MUEHRING, DOROTHY
STREET ADDRESS	7701 STARKEY RD. N #509
CITY-ST-ZIP	SEMINOLE FL
TITLE	P
NAME	CLARK, BOB
STREET ADDRESS	7701 STARKEY RD. #318
CITY-ST-ZIP	SEMINOLE FL
TITLE	T
NAME	CAPALDO, PAT
STREET ADDRESS	7701 STARKEY RD #508
CITY-ST-ZIP	SEMINOLE FL
TITLE	D
NAME	GALGANO, DAN
STREET ADDRESS	7701 STARKEY RD. #427
CITY-ST-ZIP	SEMINOLE FL

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRAMER, FRANK	
1.3 STREET ADDRESS	7701 STARKEY RD # 512	
1.4 CITY-ST-ZIP	SEMINOLE, FL 34647	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	POWE, Norman	
2.3 STREET ADDRESS	7701 STARKEY RD #234	
2.4 CITY-ST-ZIP	SEMINOLE, FL 34647	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GALGANO, DAN	
3.3 STREET ADDRESS	7701 STARKEY RD # 427	
3.4 CITY-ST-ZIP	SEMINOLE, FL. 34647	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiration